MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-02.0	Subject: **CLINICAL ERROR REPORTING SYSTEM**
Reference: NCCHC Standard P-B-02, 2014. HS A-06.0 Quality Improvement Plan for Health Services	Page 1 of 2 and two attachments
Effective Date: November 1, 2010	Revised: June 1, 2017
Signature / Title: /s/ Cindy Hiner / Health Services Manager	
Signature / Title: /s/ Tristan Kohut, D.O./ Medical Director	

I. PURPOSE

To promptly document and report all adverse or near-miss clinical events that may affect or jeopardize the safety of patient and cause potential harm. The intent is to reduce risk and promote patient safety in a non-punitive, professional, and supportive environment.

II. DEFINITIONS

Adverse clinical event – an injury or death caused by medical management rather than by the patients underlying disease or condition. Adverse clinical events occur by omission (failing to do something that is supposed to be done) or commission (doing something that is not supposed to be done).

Near-miss clinical event – an error in clinical activity without a consequential adverse patient outcome.

III. PROCEDURES

A. Documentation Requirements

1. All health staff must document any observed incident that they believe may affect patient safety on an *MSP Incident Report Form (attachment A)*. Clinical errors resulting from improper medication administration (i.e. wrong dose, wrong patient, wrong medication) will be documented on an *MSP Infirmary Medication Error Reporting Form.*

2. Incidents requiring documentation include, but are not limited to, clinical errors, whether the error occurs by omission or by commission. Staff must write incident reports in a clear, concise, legible, complete, and accurate manner.

3. Monitoring will occur through the CQI committee (see HS A-06.0)

B. Reporting Requirements

1. Health staff will submit completed incident reports to their immediate supervisor. The supervisor will review the report for adequacy, completeness, and clarity.
   a. Supervisors will return reports found lacking in these areas to the reporting staff member with instructions and appropriate guidance for correcting and re-submitting the report(s).
   b. The supervisor will sign adequate reports.

2. The immediate supervisor will determine the routing/distribution of each report, including necessary precautions to protect confidentiality issues, and ensure copies are distributed accordingly.

3. The RHA or appointee will analyze each adverse or near miss event in order to drive changes or adjustments to the current operating system.

4. In most cases, the affected patient will be informed when an adverse event has occurred. Patient competency and the significance of the event may determine the appropriateness of disclosure.
5. Written incident reports will be maintained in a secure filing system.
6. Monitoring and evaluation of adverse clinical and near miss events will occur through CQI committee.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. ATTACHMENTS

MSP Incident Report Form	attachment A
MSP Infirmary Medication Error Reporting Form	attachment B

MONTANA STATE PRISON
INCIDENT REPORT FORM

Date of Incident: _____ **Time of Incident:** _____

Place of Incident: _____

Inmates Involved: _____

_____

Summary of Incident: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Reporting Staff (print name): _____ **Title:** _____

Signature: _____ **Date:** _____

NOTE: Supervisors must review all reports for accuracy before signing off.

Supervisor Review and Remarks: _____

_____

Supervisor (print name): _____ **Title:** _____

Signature: _____ **Date:** _____

ROUTING LIST (Place an X next to those this report will be distributed to):

____	Helena Office (Priority I)	____	Security Major	____	Maintenance
____	MSP Duty Officer	____	Unit Manager	____	Investigators' Office
____	Warden or Designee	____	Command Post	____	MCE
____	Deputy Warden	____	Inmate Records File	____	Other _____
____	Associate Warden	____	Inmate Unit File	____	Other _____
____	Associate Warden	____	Medical	____	Other _____

MSP HS B-02.0, Clinical Error Reporting System Attachment A

MONTANA STATE PRISON
INCIDENT REPORT FORM

Date of Incident: _____ **Time of Incident:** _____

Summary of Incident (continued)**:** _____

Reporting Staff (print name)**:** _____ **Title:** _____

Signature: _____ **Date:** _____

MSP Medication Error Report

Date/time of error:_____ Date/time error was found:_____

Inmate name: DOC ID#

Inmate unit:_____ Inmate DOB:_____

Provider notified:_____ Date/time of notification:_____

Supervisor notified:_____ Date/time of notification:_____

SUPPORTING DOCUMENTATION REQUIRED FOR ALL ERROR REPORTS

○ **A. Circumstance/event that has capacity to cause harm – NO ERROR (Submit form to Nurse Educator)**

ERROR – An error occurred but caused NO HARM (B-D) (Submit form to Nurse Educator)

○ **B. The error DID NOT reach the patient (error of omission does reach patient)**

○ **C. The error DID reach the patient, but caused NO HARM**

○ **D. The error DID reach the patient, and required MONITORING to confirm that it caused NO HARM**

n)

○ **E. Error may have contributed to or resulted in temporary harm to the patient and required INTERVENTION**

○ **F. Error may have contributed to or resulted in temporary to the patient harm and required initial or prolonged HOSPITALIZATION.**

○ **G. Error may have contributed to or resulted in PERMANENT patient harm.**

○ **H. Error occurred that required intervention to SUSTAIN LIFE**

○ **I. ERROR – An error occurred that CAUSED DEATH (IMMEDIATELY NOTIFY D.O.N. & DOCTOR)**

Brief explanation of error and if/how you corrected the error:

Nurse Educator Use Only **Reference ID #**_____